

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	New Jersey Statutes Annotated, 44:7-86.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Social Security Administration.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional supplement provided for every aged, blind, and disabled recipient except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities. Blind and disabled children are eligible for optional supplementation.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	None.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates.

---

<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PAYMENT LEVELS <sup>1</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Congregate care <sup>2</sup>	\$662.05	\$1,305.36	\$150.05	\$536.36
B	Living alone or with others	543.25	794.36	31.25	25.36
C	Living alone with an ineligible spouse <sup>3</sup>	784.36	N/A	272.36	N/A
C	Living with essential person <sup>4</sup>	794.36	N/A	25.36	N/A
D	Living in household of another	385.65	605.76	44.31	93.09
G	Medicaid facility	40.00	80.00	10.00	20.00

**STATE ASSISTANCE FOR SPECIAL NEEDS**

**ADMINISTRATION** Department of Human Services, Division of Family Development.

**SPECIAL NEED CIRCUMSTANCES** Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional State supplementary payments.

**MEDICAID****ELIGIBILITY:**

**CRITERION** SSI program standards (title XVI).

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL EXPENSES** The Social Security Administration obtains this information.

<sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>2</sup> State supplement includes a \$67.50 personal needs allowance per person per month.

<sup>3</sup> Federal criteria are used in determining an ineligible spouse. Applies to recipients who live either with only their ineligible spouse or with only their ineligible spouse and foster child(ren).

<sup>4</sup> Payment levels for essential person apply only to cases converted from former State assistance programs.

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Section (207-212), New York State Social Services Law.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION</b> <sup>1</sup>	Social Security Administration and the New York State Office of Temporary and Disability Assistance.
<b>PASSALONG</b>	In compliance by the method of maintaining all payment levels.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided for every recipient except in community operated residences having 10 or fewer residents, in publicly operated emergency shelters, or in Medicaid facilities where Medicaid pays less than 50 percent of the cost of care. Blind and disabled children are eligible for optional State supplementation at the congregate care Level I and Level II <sup>2</sup> rates, and the living with others rate. Congregate care is provided in a nonmedical setting. Supplementation for congregate care varies according to geographical area.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	Spouse for spouse and parents for children under age 21.
<b>INCOME DISREGARDS</b>	No disregards in addition to the Federal income disregards.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Social Security Administration field offices.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.

---

<sup>1</sup> Both mandatory minimum and optional supplementation are administered by the Social Security Administration. The State administers an additional \$20 payment to some SSI recipients in Medicaid facilities.

<sup>2</sup> Children must be placed in facilities certified by the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities or the Office of Alcoholism and Substance Abuse Services.

**INTERIM  
ASSISTANCE**

State participates using an automated IAR matching system.

**PAYMENT LEVELS <sup>1</sup>**

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$599.00	\$873.00	\$87.00	\$104.00
B	Living with others	535.00	815.00	23.00	46.00
C	Congregate care I: <sup>2 3</sup>				
	Areas A and B	778.48	1,556.96	266.48	787.96
	Area C	740.48	1,480.96	228.48	711.96
D	Congregate care II: <sup>5 4</sup>				
	Areas A and B	947.00	1,894.00	435.00	1,125.00
	Area C	917.00	1,834.00	405.00	1,065.00
E	Congregate care III: <sup>5 5</sup>				
	Area A	994.96	1,989.92	482.96	1,220.92
	Areas B and C	970.96	1,941.92	458.96	1,172.92
F	Living in household of another	364.34	558.67	23.00	46.00
G	Medicaid facility <sup>6</sup>	35.00	70.00	5.00	10.00

<sup>1</sup> Payment levels apply equally to aged, blind, and disabled.<sup>2</sup> The minimum personal needs allowance is \$99.<sup>3</sup> Payment levels differ by geographic area. Area A is New York City; Area B is Nassau, Rockland, Suffolk, and Westchester counties; and Area C is all other counties.<sup>4</sup> The minimum personal needs allowance is \$115.<sup>5</sup> The minimum personal needs allowance is \$79.<sup>6</sup> State administers an additional payment (\$20 per individual) to SSI recipients who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (i.e., hospitals and nursing homes).

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Office of Temporary and Disability Assistance

**SPECIAL NEED  
CIRCUMSTANCES:****EMERGENCY  
ASSISTANCE**

An emergency assistance grant can be provided to any SSI recipient to safeguard health, safety, and welfare.

**SHELTER-  
RELATED  
EXPENSES**

Moving expenses, brokers' fees, security deposits, storage fees, maintenance of home during hospitalization, establishment of a home when de-institutionalized.

**REPLACEMENT  
OF BASIC  
NEEDS ITEMS**

Replacement of furniture, clothing, food, fuel, etc., lost as a result of fire, flood, or other catastrophe.

**REPAIR OR  
REPLACEMENT  
OF MAJOR  
APPLIANCES**

Repair or replacement of essential household equipment, including heating and plumbing equipment, and major appliances.

**FOOD FOR GUIDE  
DOG**

A recurring assistance grant is provided for the purchase of food for a guide dog to unemployed blind or deaf persons.

**OTHER  
CIRCUMSTANCES**

Payments for goods and services already received; chattel mortgages and conditional sales contracts; replacement of lost, stolen, or mismanaged cash; replacement of lost, stolen, or nonreceived SSI checks (subject to recoupment).

**MEDICAID****ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

**DETERMINED BY**

Social Security Administration.

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration does not obtain this information.